



SDMS DocID

556406

MAD 046128559

MA DEQE PA 1/18/81

Current PA status M

ATF Davidson, Northbridge

4/30/90 *Don Sullivan*

Superfund Records Center

SITE: Conitch PropertyBREAK: 1.2OTHER: 556406

MAD 980503775

North Andover LF

North Andover

~~ERA PA 4/24/80~~

MA DEGE PA 4/30/80

Current PA status N

4/30/80

D. Saff



POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION 01 SITE NUMBER (to be assigned by HQ) MA-10330

**NOTE:** This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

**GENERAL INSTRUCTIONS:** Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME AFT DAVIDSON		B. STREET (or other identifier)	
C. CITY NORTHBRIDGE Whitinsville	D. STATE MA	E. ZIP CODE 01588	F. COUNTY NAME Worcester
G. OWNER/OPERATOR (if known) 1. NAME AFT DAVIDSON		2. TELEPHONE NUMBER	
H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			
I. SITE DESCRIPTION FLY ASH IMPROUNDMENT PAVED OVER TO PARKING LOT 1950			
J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) SIA - Mass. Site Inventory			K. DATE IDENTIFIED (mo., day, & yr.) 3-27-79/1980
L. PRINCIPAL STATE CONTACT 1. NAME EDMOND BENOIT		2. TELEPHONE NUMBER 791-3672	

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input checked="" type="checkbox"/> 4. NONE <input checked="" type="checkbox"/> 5. UNKNOWN	
B. RECOMMENDATION <input type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: JANUARY 8, 1981 b. WILL BE PERFORMED BY: STAN SZCZURKO & DAN HANNON <input checked="" type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority)	

C. PREPARER INFORMATION 1. NAME GEORGE T JEPSON	2. TELEPHONE NUMBER 791-3672	3. DATE (mo., day, & yr.) 7/1/80
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III. SITE INFORMATION

A. SITE STATUS <input type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input checked="" type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify): (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)	
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code):	
C. AREA OF SITE (in acres)	D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 42-07-00 2. LONGITUDE (deg.-min.-sec.) 071-40-30
E. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify):	

## V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

flyash

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

needs to be looked at when ice &amp; snow is off

## VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER	X			
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

## IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

<input type="checkbox"/> 'X'	A. TRANSPORTER	<input type="checkbox"/> 'X'	B. STORER	<input type="checkbox"/> 'X'	C. TREATER	<input type="checkbox"/> 'X'	D. DISPOSER
<input type="checkbox"/>	1. RAIL	<input type="checkbox"/>	1. PILE	<input type="checkbox"/>	1. FILTRATION	<input type="checkbox"/>	1. LANDFILL
<input type="checkbox"/>	2. SHIP	<input type="checkbox"/>	2. SURFACE IMPOUNDMENT	<input type="checkbox"/>	2. INCINERATION	<input type="checkbox"/>	2. LANDFARM
<input type="checkbox"/>	3. BARGE	<input type="checkbox"/>	3. DRUMS	<input type="checkbox"/>	3. VOLUME REDUCTION	<input type="checkbox"/>	3. OPEN DUMP
<input type="checkbox"/>	4. TRUCK	<input type="checkbox"/>	4. TANK, ABOVE GROUND	<input type="checkbox"/>	4. RECYCLING/RECOVERY	<input type="checkbox"/>	4. SURFACE IMPOUNDMENT
<input type="checkbox"/>	5. PIPELINE	<input type="checkbox"/>	5. TANK, BELOW GROUND	<input type="checkbox"/>	5. CHEM./PHYS. TREATMENT	<input type="checkbox"/>	5. MIDNIGHT DUMPING
<input type="checkbox"/>	6. OTHER (specify):	<input type="checkbox"/>	6. OTHER (specify):	<input type="checkbox"/>	6. BIOLOGICAL TREATMENT	<input type="checkbox"/>	6. INCINERATION
				<input type="checkbox"/>	7. WASTE OIL REPROCESSING	<input type="checkbox"/>	7. UNDERGROUND INJECTION
				<input type="checkbox"/>	8. SOLVENT RECOVERY	<input type="checkbox"/>	8. OTHER (specify):
				<input type="checkbox"/>	9. OTHER (specify):		

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

## V. WASTE RELATED INFORMATION

## A. WASTE TYPE

☐ 1. UNKNOWN    ☐ 2. LIQUID    ☐ 3. SOLID    ☐ 4. SLUDGE    ☐ 5. GAS

## B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN    ☐ 2. CORROSIVE    ☐ 3. IGNITABLE    ☐ 4. RADIOACTIVE    ☐ 5. HIGHLY VOLATILE  
☐ 6. TOXIC    ☐ 7. REACTIVE    ☐ 8. INERT    ☐ 9. FLAMMABLE
☐ 10. OTHER (specify):

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input type="checkbox"/> 'X' (1) PAINT, PIGMENTS	<input type="checkbox"/> 'X' (1) OILY WASTES	<input type="checkbox"/> 'X' (1) HALOGENATED SOLVENTS	<input type="checkbox"/> 'X' (1) ACIDS	<input type="checkbox"/> 'X' (1) FLYASH	<input type="checkbox"/> 'X' (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGNTD. SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	(4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			(7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify):		

## VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT    ☐ 2. SPCC PLAN    ☐ 3. STATE PERMIT (specify): \_\_\_\_\_  
☐ 4. AIR PERMITS    ☐ 5. LOCAL PERMIT    ☐ 6. RCRA TRANSPORTER  
☐ 7. RCRA STORER    ☐ 8. RCRA TREATER    ☐ 9. RCRA DISPOSER  
☐ 10. OTHER (specify): \_\_\_\_\_

B. IN COMPLIANCE?

- ☐ 1. YES    ☐ 2. NO    ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name &amp; number): \_\_\_\_\_

## VIII. PAST REGULATORY ACTIONS

- ☐ A. NONE    ☐ B. YES (summarize below)

## IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
SIA	3-27-79	STATE	
INSPECTION	1-8-81	STATE	

## X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE    ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.